

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Sacramento County Democratic Central Committee			Date of This Filing _____ 11/11/2009 _____	Date Stamp Page 2 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 741817		Report No. _____ 2256 _____		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95818	No. of Pages _____ 2 _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/23/2008	Huber for Assembly Lodi, CA 95240 ID# 1299300	Allyson Huber State Assembly Jurisdiction: State Assembly District 10	\$62,000.00	11/04/2008

Reason for Amendment: